Iowa Immunization Registry Information System (IRIS)

Vaccines for Children (VFC) Program Re-Enrollment Instructions

Version 1.5

April 2016

These directions are intended to provide step-by-step instructions for completing the Vaccines for Children (VFC) Program's annual re-enrollment, which is required for all participating VFC providers. Only IRIS Admin users have access to complete VFC re-enrollment. To add additional Admin Users, complete the IRIS Site Enrollment Form, which can be found under the Forms tab of IRIS, and send the completed form to the Iowa Immunization Program staff as indicated on the form.

VFC Re-Enrollment Form Completion

1) Log into IRIS at https://iris.iowa.gov using your Org Code, Username, and Password. Use Internet Explorer as your web browser.

2) Select the Manage Access/Account link on the menu panel.

3) Select Edit Organization.

4) Enter your organization name in the search string, then select 'search'. You can type the full name or just part of the organization name.

5) Select the organization hyperlink in the Name column of the search results section.

6) Review your organization's VFC Patient Activity chart, displayed under the State Supplied Vaccine Profile.

VFC Patient Activity

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	113	341	480	910
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	99	277	330	684
No Health Insurance	13	57	117	185
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	2	14	38	54
Total VFC Eligible Patients	113	341	478	908

Begin Date 04/01/2015   Update

End Date 03/31/2016

a) If the organization uses IRIS to track VFC vaccine inventory, the VFC Patient Activity chart will be populated, and changes will not need to be made. Proceed to step 7.

b) If the organization **does not** track VFC vaccine inventory in IRIS, the admin user will need to update the VFC Patient Activity chart manually. An example of the chart is displayed below. The Patient Activity must reflect one year. Enter the number of patients in each cohort that received immunizations at the organization from 4-1-2015 through 3-31-2016. These numbers should represent unduplicated **patients for each age cohort** and not immunizations. Some patients may be counted in multiple categories (for instance, if they received an immunization at age 9 months and another at 14 months).

VFC Patient Activity

For a 12 month period, enter the number of children in each age cohort who will receive vaccinations at your facility

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	16	124	10	150
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	14	122	10	146
No Health Insurance	2	2	0	4
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	0	0
Total VFC Eligible Patients	0	0	0	0

Begin Date 04/01/2015 [ ] Update

End Date 03/31/2016 [ ]

c) Once the VFC Patient Activity chart is completed, edit the date range below the chart to show the beginning date of 04/01/2015 and ending date of 03/31/2016, and select 'Update' to save the entries.

VFC Patient Activity

For a 12 month period, enter the number of children in each age cohort who will receive vaccinations at your facility

	Less than 1 Year	1 through 6 Years	7 through 18 Years	Total
Total number of children that receive vaccinations at this clinic/practice	16	124	10	150
Of the total number of children above how many are VFC eligible due to:				
Medicaid Eligible	14	122	10	146
No Health Insurance	2	2	0	4
American Indian/Alaska Native	0	0	0	0
Underinsured (only for FQHC, RHC, or local public health agencies)	0	0	0	0
Total VFC Eligible Patients	0	0	0	0

Begin Date 04/01/2015 [ ] Update

End Date 03/31/2016 [ ]

7) Review and update your organization's main contact information, including vaccine delivery address.

Main Contact Information

Contact Information

	Telephone			Extension
Phone	555	342	6655	
	Telephone			Extension
Facsimile	123	456	7890	
Email	admin@irphysicians.org			

Address Information

Physical	Address 1	Address 2	PO Box	
	15 SOUTHERN AVE			
	City	State	Zip	+4
	DES MOINES	IA	50311	2345 Geocoded: No
Mailing	Address 1	Address 2	PO Box	
Populate With Physical Address [ ]				
	City	State	Zip	+4
		IA		Geocoded:
Vaccine Delivery	Address 1	Address 2	PO Box	
Populate With Physical Address [ ]	4321 MAIN			
	City	State	Zip	+4
	DES MOINES	IA	50310	Geocoded: No

8) Review the organization's Individual contacts. **The following roles are required when completing the re-enrollment process: Medical Director, Primary Vaccine Coordinator, Back-Up Vaccine Coordinator, and Vaccine Delivery**. The role of Medical Director also requires Title, Medicaid/NPI, and Medical License.

Individual Contacts

Contact Listing

Role	Title	Name	E-Mail	Edit	Del
Vaccine Delivery		DOW CHARLES	NOONE@NOPLACE.COM		
Address: 321 E 12TH ST PHY DES MOINES IA 50319 -			Geocoded: No	✎	
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI:			Medical License:		
Medical Director	MD	DOLPHINS WALES	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded: No	✎	
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI: 1234212			Medical License: 7693293		
Primary VFC Vaccine Coordinator		ALPHA TANGO	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded: No	✎	
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI:			Medical License:		
Back-Up VFC Vaccine Coordinator	NP	ROSE TERMEN	ADMIN@IRPHYSICIANS.ORG		
Address: 321 E 12TH ST SUITE 400 DES MOINES IA 50319 -			Geocoded: No	✎	
Phone: (800)374-3958			Facsimile:		
Medicaid/NPI:			Medical License:		

a) To add a contact, complete the 'Add Contact' box below the Contact Listing, then select 'Apply'.

Add Contact

* Role	Primary VFC Vaccine Coordinator ▼	Address 1	123 W 12TH Ave	Apply
Title	▼	Address 2	SUITE 400	Cancel
* Last Name	Roberta	PO Box		
* First Name	Roberts	City	DES MOINES	
Middle Name		State	IA ▼ Zip 50319 +4	
Email	IRIS_admin@irphysicians.org			
Telephone	515 - 831 - 3958	Facsimile	- -	
Ext		Ext		
Medicaid/NPI		Medical License		

b) To update or change a contact, select the Edit icon for the entry.

Contact Listing

Role	Title	Name	E-Mail	Edit	Del
Vaccine Delivery		CASEY WALLACE	ADMIN@IRPHYSICIANS.ORG		
Address: 15 SOUTHERN AVE DES MOINES IA 50311 - 2345			Geocoded: No	✎	
Phone: (555)342-6655x3444			Facsimile: (123)456-7890		
Medicaid/NPI:			Medical License:		
Medical Director	MD	RICHARD M EXAMPLE			
Address: 4321 MAIN DES MOINES IA 50310 -			Geocoded: No	✎	
Phone: (444)555-6644			Facsimile: (123)456-7890		
Medicaid/NPI: 983785048928			Medical License: 83478403023		

c) The contact's details will be displayed in the Edit Contact section. Make necessary changes, then select 'Apply'. Repeat as necessary for all contacts.

Edit Contact

* Role	Medical Director ▼	Address 1	4321 MAIN	Apply
Title	MD ▼	Address 2		Cancel
* Last Name	EXAMPLE	PO Box		
* First Name	RICHARD	City	DES MOINES	
Middle Name	M	State	IA ▼ Zip 50310 +4	
Email				
Telephone	444 - 555 - 6644	Facsimile	- -	
Ext		Ext		
Medicaid/NPI	983785048928	Medical License	83478403023	

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9) Once the necessary updates have been made, select the 'Save' button at the top of the Edit Organization page. A red message will display at the top of the page to confirm changes were saved.

10) Return to the IRIS application.

11) Select the blue hyperlink for your organization to return to the IRIS home page.

12) From the IRIS home page, select the VFC Re-Enrollment Form link from the left menu panel, under the Maintenance menu.

13) Confirm the data saved on the Edit Organization page appears on the VFC Provider Enrollment Form. If changes are needed in the sections labeled Facility Information, Medical Director or Equivalent, VFC Vaccine Coordinator, or Backup Vaccine Coordinator, return to step 2 and make the necessary corrections.

14) Review the section for Providers Practicing at this Facility and edit as needed (see a.i. below for more details). Confirm all providers with the organization are listed, including Title, Last Name, First Name, Medicaid/NPI number, and Medical License number. These fields are required for all providers. If necessary, use the navigation buttons at the bottom of the chart to review the entire provider list. The first time this form is completed will require adding all participating providers (physicians, physician assistants and nurse practitioners) (see a. below for more details).

a) To add a new provider to the list, enter their data into fields in the Add/Edit Provider section and select 'Save'. The data will be added to the display with the other providers, and the Add/Edit Provider section will clear.

i) To update or change provider data, select the 'Edit' button for the entry.

ii) With the provider's data in the Add/Edit Provider section, make necessary changes, then select 'Save'. The data will be updated on the chart, and the Add/Edit Provider section will clear.

b) If a provider needs to be removed from the list, select the 'Edit' button for the entry, then select the 'Delete' button in the Add/Edit Provider section.

i) Confirm the selection to delete the provider by selecting OK.
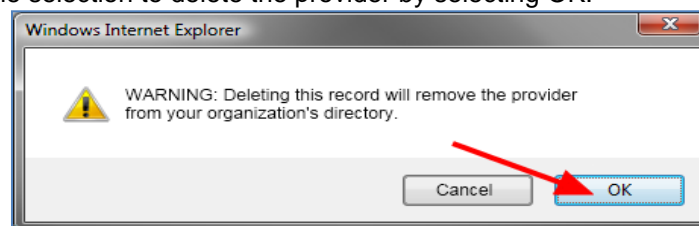
c) Note: Some organizations choose to manage the physician dropdown menu within IRIS, which is available under the Manage Physicians link on the left menu panel. Physicians entered in the VFC Re-Enrollment Form are automatically added to an organization's physician dropdown menu.

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15) Complete the VFC Vaccine Coordinator section. The VFC Vaccine Coordinator and Back-Up Vaccine Coordinator are required to complete the training annually. The training is available at http://www.cdc.gov/vaccines/ed/youcalltheshots.htm. The following modules are required:
   a)   Vaccine Storage and Handling-2016
   b)   Vaccines for Children Program-2016

   After completing the training, check the box confirming completion of the required VFC training modules. Additional staff may also complete the training.

16) Read the VFC enrollment requirements. Read/scroll through the entire agreement prior to selecting the 'I accept' check box.

17) Check the box indicating you accept the VFC enrollment requirements.

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18) Type your signature.

19) Select the 'Submit' button. If any alert messages appear at the top of the page, you must make the necessary corrections and select submit again.
   a) Note: Depending on the alert messages, some edits will be required on the Edit Organization screen (see Step 2).

20) A screen appears, confirming submission of the VFC Enrollment Form.

21) Once successfully submitted, the VFC Enrollment Form will be locked until the next renewal period. If there are errors on the form that need to be corrected or updates are needed after it has been submitted, contact the Vaccines for Children Program at 800-831-6293, ext. 4.

   a) Note: The VFC Re-Enrollment Form is required annually, changes throughout the year do **not** require a new form to be submitted. To change your organization's details, follow steps 2-9. To modify providers practicing with the organization, use the 'Manage Physicians' link as noted in step 14c.
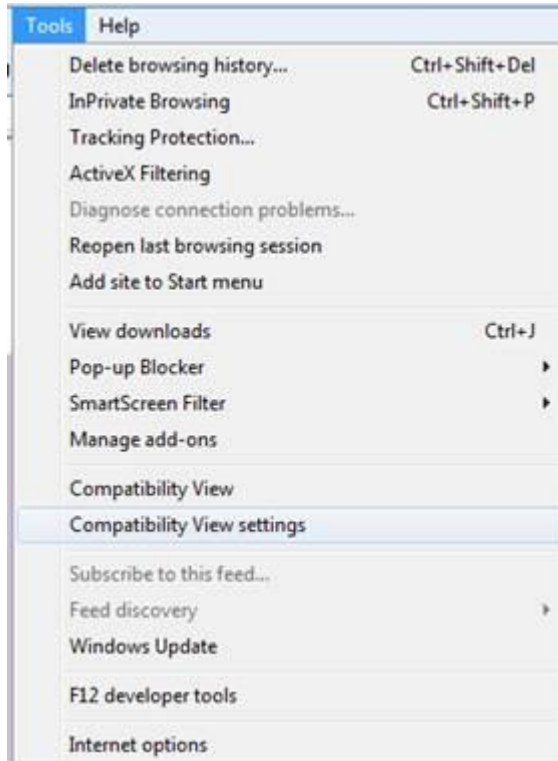
Troubleshooting the VFC Enrollment Form

To make Internet Explorer browser compatible with IRIS, follow these steps:

1) Select the 'Tools' option from the Menu Bar on the browser (this is found below the IRIS web address):
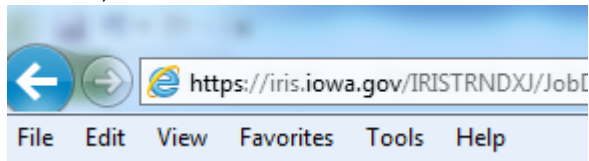
2) From the 'Tools' dropdown menu, select the 'Compatibility View Settings' option:

3) From the new window that opens, 'iowa.gov' should be in the 'Add this website' field automatically. Select the 'Add' button:
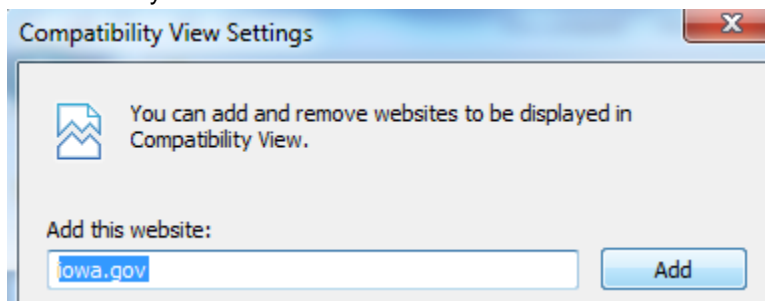
4) 'Iowa.gov' should appear in the 'Websites you've added to Compatibility View' box. Select the 'Close' button.

Websites you've added to Compatibility View:

iowa.gov

Remove

☐ Include updated website lists from Microsoft
☑ Display intranet sites in Compatibility View
☐ Display all websites in Compatibility View

Close